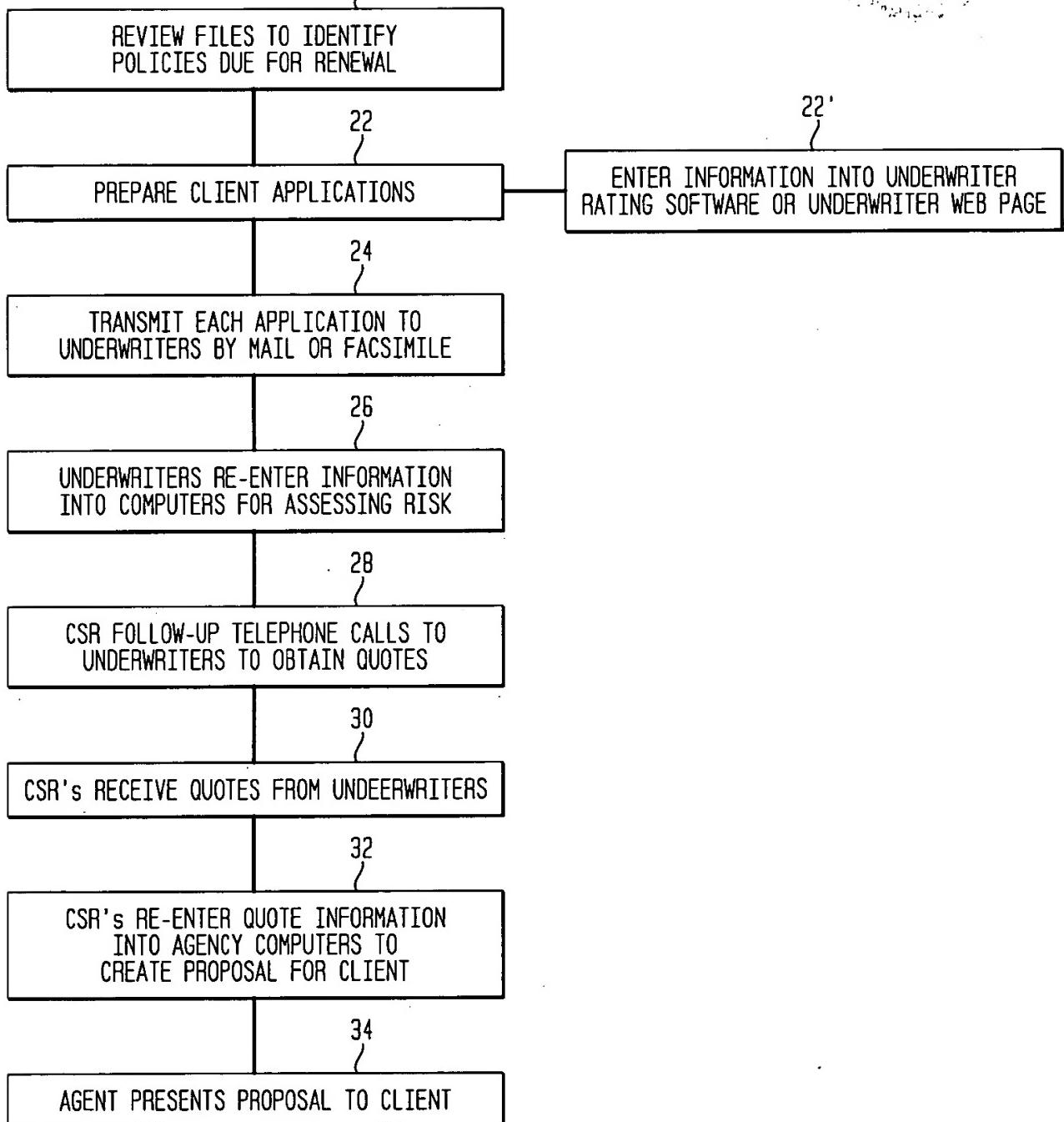


FIG. 1  
(PRIOR ART)



2/15

**FIG. 2A**  
**(PRIOR ART)**

ACORD COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION										DATE MM/DD/YY 12/13/00		
PRODUCER <b>PHONE</b> A/C No Exp: 973-884-4400  973-884-4411			CARRIER <b>NAIC CODE</b> St. Paul Fire and Marine Insur.			UNDERWRITER						
Tribus Spectrum 8 Wood Hollow Road Parsippany NJ 07054 David Huff			POLICIES OR PROGRAM REQUESTED									
			INDICATE SECTIONS ATTACHED			EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRANSPORTATION MOTOR TRUCK CARGO			GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA TRUCKERS/MOTOR CARRIERS			
CODE SUB CODE												
AGENCY CUSTOMER ID DSHTE-1												
STATUS OF SUBMISSION PACKAGE POLICY INFORMATION												
QUOTE ISSUE POLICY			ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES OR FOR MONOLINE PROCESS									
X BOUND (Give Date and/or Attach Copy):  DATE 03/05/00 TIME 04:00 AM X PM			PROPOSED EFF DATE 03/10/00		PROPOSED EXP DATE 03/10/01		BILLING PLAN DIRECT BILL		BILLING PLAN AGENCY BILL		AUDIT	
APPLICANT INFORMATION												
NAME (First Named Insured & Other Names Insured) dshtest, Inc., Inc.												
MAILING ADDRESS (of First Named Insured) David Huff 1234 Main Street Fort Wayne NJ 07922												
INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/>			PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/>						NOT FOR PROFIT <input type="checkbox"/> YEARS IN BUSINESS <input type="checkbox"/>			
INSPECTION CONTACT <b>PHONE</b> 908-464-3464			ACCOUNTING RECORDS CONTACT <b>PHONE</b> 908-464-3464			David Montgomery						
PREMISES INFORMATION												
LOC #	STREET, CITY, STATE, ZIP CODE			CITY LIMITS		INTEREST		YR. BUILT		PART OCCUPIED		
01	01	1234 Sunset Lane Berkley Heights NJ 07922 Union			<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	<input type="checkbox"/> TENANT	<input type="checkbox"/> 1984	<input type="checkbox"/> 25%			
					<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER	<input type="checkbox"/> TENANT					
					<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER	<input type="checkbox"/> TENANT					
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)												
01	01	Sales and executive offices										
GENERAL INFORMATION												
EXPLAIN ALL "YES" RESPONSES					<input type="checkbox"/> YES	<input type="checkbox"/> YES	EXPLAIN ALL "YES" RESPONSES				<input type="checkbox"/> YES	<input type="checkbox"/> NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?					<input checked="" type="checkbox"/>	6. ANY POLICY OR COVERAGE DECLINED CANCELLED OR NON-RENEWED DURING THE PAST 3 YEARS? NOT APPLICABLE IN MO				<input type="checkbox"/>	<input type="checkbox"/>	
2. IS FORMAL SAFETY PROGRAM IN OPERATION?					<input checked="" type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR HARASSMENT ALLEGATIONS, DISCRIMINATION OR NEGIGENT HIRING?				<input type="checkbox"/>	<input type="checkbox"/>	
3. ANY EXPOSURE TO FLAMMABLE, EXPLOSIVE, CHEMICALS?					<input checked="" type="checkbox"/>	8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI this question must be answered by any applicant for property insurance. Failure to disclose the evidence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				<input type="checkbox"/>	<input type="checkbox"/>	
4. ANY CATASTROPHE EXPOSURES?					<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
REMARKS Excellent Management												
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS THE PERSON TO (INT SUBSTANTIAL) CRIMINAL AND CIVIL PENALTIES												
APPLICANT'S SIGNATURE			PRODUCER'S SIGNATURES			David Huff						

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**FIG. 2B**  
**(PRIOR ART)**

**PRIOR CARRIER INFORMATION**

DSHTE-1

LINE	CATEGORY	YEARS 98	YEARS	YEARS	YEARS	YEARS	YEARS
COMMERCIAL LIABILITIES	CARRIER	USF&G					
	POLICY NUMBER	GL 23456					
	POLICY TYPE	CLAIMS MADE X OCCURRENCE	CLAIMS MADE OCCURRENCE	CLAIMS MADE OCCURRENCE	CLAIMS MADE OCCURRENCE	CLAIMS MADE OCCURRENCE	
	RETRO DATE						
	GENERAL AGGREGATE	2000000					
	PRODUCTS COMP OF AGGREGATE	2000000					
	PERSONAL & ADV INJ	1000000					
	EACH OCCURRENCE	1000000					
	FIRE DAMAGE	50000					
	MEDICAL EXPENSE	5000					
BODILY INJURY	OCCURRENCE						
	AGGREGATE						
PROPERTY DAMAGE	OCCURRENCE						
	AGGREGATE						
COMBINED SINGLE LIMIT	1000000						
MODIFICATION FACTOR							
TOTAL PREMIUM	12000						
COMMERCIAL LIABILITIES	CARRIER	USF&G					
	POLICY NUMBER	CA45678798					
	POLICY TYPE	COMMCL					
	COMBINED SINGLE LIMIT	1000000					
	BODILY INJURY	EA PERSON					
		EA ACCIDENT					
	PROPERTY DAMAGE						
	MODIFICATION FACTOR						
	TOTAL PREMIUM	13000					
	PROPERTY	CARRIER					
	POLICY NUMBER						
	POLICY TYPE						
	BLD PERS PROP AMT						
	MODIFICATION FACTOR						
	TOTAL PREMIUM						
<b>LOSS HISTORY</b>							
ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3YEARS IN KS & NY)					CHECK HERE IF NONE		SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM		DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
01/01/95		all claims			1500	2500	XX
							XX
01/01/96		all			1600	2600	XX
							XX
01/01/97		all			1700	2700	XX
							XX
01/01/98		all			1800	2800	XX
REMARKS      NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY							
<small>NOTICE OF INSURANCE INFORMATION PRACTICES</small> <small>PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGE INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.</small>							

ACORD 125 (7/96)

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**FIG. 3A**  
(PRIOR ART)

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**FIG. 3B**  
(PRIOR ART)

CONTRACTORS		EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES NO																																																													
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?		X	4. DO YOUR SUBCONTRACTORS CARRY COVERAGE OR LIMITS LESS THAN YOURS?																																																																		
2. DOES ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?		X	5. ARE SUBCONTRACTORS ALLOWED TO WORK W/O CERT OF INS?					X																																																													
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING UNDERGROUND WORK OR EARTH MOVING?		X	6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					X																																																													
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED				% OF WORK SUBCONTRACTED:		• FULL TIME STAFF:		• PART TIME STAFF:																																																													
<p><b>PRODUCTS/COMPLETED OPERATIONS</b></p> <table border="1"> <thead> <tr> <th>PRODUCTS</th> <th>ANNUAL GROSS SALES</th> <th>* OF LIMITS</th> <th>TIME IN MARKET</th> <th>EXPECTED LIFE</th> <th>INTENDED USE</th> <th colspan="4">PRINCIPAL UNITS</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="4"></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="4"></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="4"></td></tr> </tbody> </table>										PRODUCTS	ANNUAL GROSS SALES	* OF LIMITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL UNITS																																																					
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EXPLAIN ALL "YES" RESPONSES (For past or present operations)				YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES NO																																																													
1. DOES APPLICANT INSTALL, SERVICE, OR DEMONSTRATE PRODUCTS?				X	6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?				X																																																												
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				X	7. PRODUCT OF OTHERS SOLD OR RE-PACKAGE UNDER APPLICANT LABEL?				X																																																												
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				X	8. PRODUCTS UNDER LABEL OF OTHERS?				X																																																												
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				X	9. VENDORS COVERAGE REQUIRED?				X																																																												
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				X	10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?				X																																																												
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.																																																																					
<p><b>ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS</b> (Attach ACORD 45 for additional names)</p> <table border="1"> <thead> <tr> <th>INTEREST</th> <th>RANK</th> <th>NAME AND ADDRESS</th> <th>REFERENCE *</th> <th>CERTIFICATE REQUIRED</th> <th colspan="5">INTEREST IN ITEM NUMBER</th> </tr> </thead> <tbody> <tr> <td>ADDITIONAL INSURED</td> <td></td> <td></td> <td></td> <td></td> <td>LOCATION</td> <td>BUILDING</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LOSS PAYEE</td> <td></td> <td></td> <td></td> <td></td> <td>VEHICLE</td> <td>BOAT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MORTGAGES</td> <td></td> <td></td> <td></td> <td></td> <td>SCHEDULED ITEM NUMBER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LIENHOLDER</td> <td></td> <td></td> <td></td> <td></td> <td>OTHER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>EMPLOYEE AS LESSOR</td> <td></td> <td></td> <td></td> <td></td> <td>ITEM DESCRIPTION</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										INTEREST	RANK	NAME AND ADDRESS	REFERENCE *	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER					ADDITIONAL INSURED					LOCATION	BUILDING				LOSS PAYEE					VEHICLE	BOAT				MORTGAGES					SCHEDULED ITEM NUMBER					LIENHOLDER					OTHER					EMPLOYEE AS LESSOR					ITEM DESCRIPTION				
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YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)	YES	NO																																																																	
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8. IS A FEE CHARGED FOR PARKING?					X																																																																
REMARKS																																																																					

6/15

**FIG. 4A**  
(PRIOR ART)

<b>ACORD BUSINESS AUTO SECTION</b>										DATE MM/DD/YY											
PRODUCER		PHONE (A/C No. Ext): 973-884-4400		APPLICANT (First Named Insured)		OP ID DH				12/13/00											
		PHONE (A/C No. Ext): 973-884-4411		Augros, Inc.																	
Tribus Spectrum 8 Wood Hollow Road Parsippany NJ 07054 David Huff										EFFECTIVE DATE	EXPIRATION DATE	DIRECT ALL	PAYMENT PLAN	AUDIT							
										06/27/99	06/27/00	X AGENCY ALL	MONTHLY								
CODE		SUB CODE		FOR COMPANY USE ONLY																	
AGENCY CUSTOMER ID: AUGRO-1																					
COVERAGES/LIMITS																					
COVERAGES		COVERED AUTO SYMBOLS		LIMITS				COVERAGES		COVERED AUTO SYMBOLS		LIMITS									
LIABILITY		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> X <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input checked="" type="checkbox"/> X <input type="checkbox"/> 8		<input checked="" type="checkbox"/> CSL <input type="checkbox"/> EA PER \$ 1,000,000 BI EACH ACCIDENT \$ PROPERTY DAMAGE \$																	
PERSONAL INJURY PROTECTION		<input checked="" type="checkbox"/> 5 <input type="checkbox"/> 7		OR EQUIVALENT NO-FAULT COVERAGE				DEDUCTIBLE													
ADDITIONAL PIP		<input type="checkbox"/> 5 <input type="checkbox"/> 7		TOTAL W/C \$ M/E \$				TOWING & LABOR		<input checked="" type="checkbox"/> 3 <input type="checkbox"/> 7		\$ 50/DIS									
MEDICAL PAYMENTS		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7		EACH PERSON \$				COMPREHENSIVE		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 7											
UNINSURED MOTORIST		<input type="checkbox"/> 2 <input checked="" type="checkbox"/> X <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7		<input checked="" type="checkbox"/> CSL <input type="checkbox"/> EA PER \$ 1,000,000 BI EACH ACCIDENT \$ PROPERTY DAMAGE \$				SPECIFIED CAUSES OF LOSS		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7											
UNDERINSURED MOTORIST		<input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4		<input type="checkbox"/> CSL <input type="checkbox"/> EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$				COLLISION		<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> X <input type="checkbox"/> 7											
HIRED/BORROWED LIABILITY		STATES NY NJ		COST OF HIRE		<input checked="" type="checkbox"/> X IF ANY BASIS \$		HIRED PHYSICAL DAMAGE		STATES NY		* DAYS	* VEH	COVERAGE/DEDUCTIBLE							
																		<input type="checkbox"/> COMP \$ 500 <input type="checkbox"/> SPEC C OF L \$ <input checked="" type="checkbox"/> COLL \$ 500			
NON-OWNED LIABILITY		STATES NY NJ		GROUP TYPE		NUMBER OF								COVERAGE IS: PRIMARY SECONDARY							
						EMPLOYEES VOLUNTEERS PARTNERS															
ENDORSEMENTS, FORMS, CONDITIONS																					
COVERED AUTO SYMBOLS		(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS		(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRED NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT COMPULSORY U/M LAW						(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS											
DRIVER INFORMATION (Include drivers who frequently use own vehicles)																					
DRIVER #	NAME (Include address, if required)					DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER				STATE LIC	USE VEH *	USE							
VEHICLE DESCRIPTION																					
VEH #	YEAR	MAKE	ACURA		BODY TYPE				SYM/AGE		COST VIEW										
1	1996	MODEL	RL		V.I.N. JH4KA9648TC003007						\$										
CITY, STATE, ZIP Clark, NJ WHERE GARAGED					TERR		GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM								
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L PAY	UNINTNS	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC									
<input type="checkbox"/> UNDER 15 MILES <input type="checkbox"/> 15 MILES OR OVER		<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	<input type="checkbox"/> LIAB <input type="checkbox"/> PIP <input type="checkbox"/> UNINTNS <input type="checkbox"/> MOTOR	<input type="checkbox"/> MED PAY <input type="checkbox"/>	<input type="checkbox"/> TOWING <input type="checkbox"/> A/LABOR <input type="checkbox"/> SPEC <input type="checkbox"/> C OF L	<input type="checkbox"/> FT <input type="checkbox"/> FTW <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	<input type="checkbox"/> COMP <input type="checkbox"/> FT <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	<input type="checkbox"/> \$ <input type="checkbox"/>	<input type="checkbox"/> I <input type="checkbox"/>	<input type="checkbox"/> COL	<input type="checkbox"/> C OF L <input type="checkbox"/>									
PLEASE COMPLETE REVERSE SIDE												ACORD CORPORATION 1993									
ACORD 127(2/95)																					

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**FIG. 4B**  
(PRIOR ART)

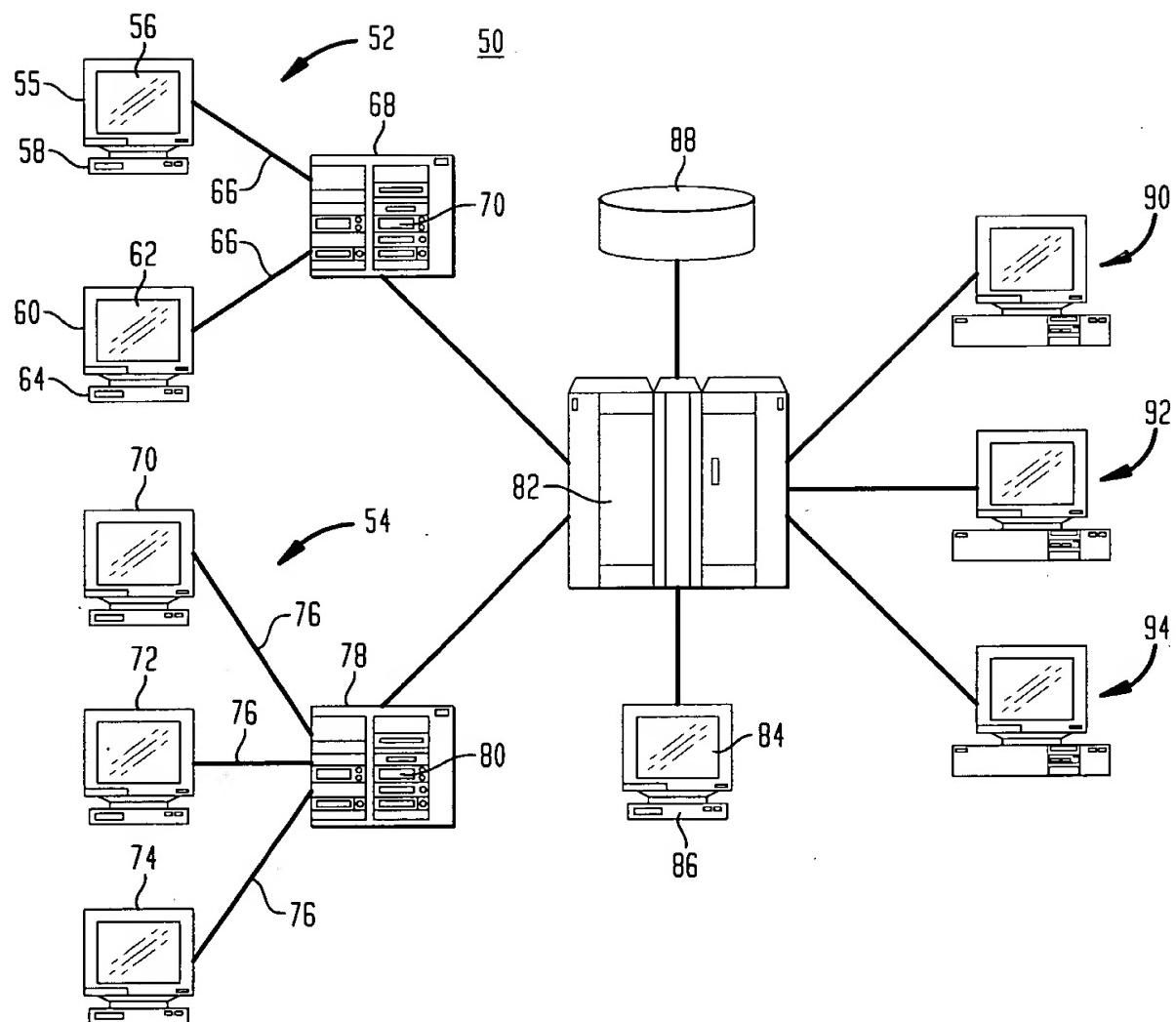
VEHICLE DESCRIPTION (continued)																							
VEH #	YEAR	MAKE	Isuzu			BODY TYPE						SYM/AGE		AUGRO - 1									
2	1996	MODEL	NRA			VIN. JALFA12XT370065B								COST NEW									
CITY, STATE, ZIP Ronkonkoma, NJ WHERE GARAGED										TERM	GVW/GCW		CLASS		SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES		ADD'L PIP	UNDERINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L										
UNDER 15 MILES		PLEASURE	RETAIL	LIAB		MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$											
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$			\$	COLL										
VEH #	YEAR	MAKE	Chevy			BODY TYPE						SYM/AGE		COST NEW									
3	1973	MODEL				VIN. CCES33V104317								\$									
CITY, STATE, ZIP Ronkonkoma, NJ WHERE GARAGED										TERM	GVW/GCW		CLASS		SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES		ADD'L PIP	UNDERINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L										
UNDER 15 MILES		PLEASURE	RETAIL	LIAB		MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$											
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$			\$	COLL										
VEH #	YEAR	MAKE	BMW			BODY TYPE						SYM/AGE		COST NEW									
5	2000	MODEL	323CI			VIN. WBABM3346YJN85845								\$									
CITY, STATE, ZIP Clark, NJ WHERE GARAGED										TERM	GVW/GCW		CLASS		SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES		ADD'L PIP	UNDERINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L										
UNDER 15 MILES		PLEASURE	RETAIL	LIAB		MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$											
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$			\$	COLL										
VEH #	YEAR	MAKE				BODY TYPE						SYM/AGE		COST NEW									
		MODEL				VIN.								\$									
CITY, STATE, ZIP WHERE GARAGED										TERM	GVW/GCW		CLASS		SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES		ADD'L PIP	UNDERINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L										
UNDER 15 MILES		PLEASURE	RETAIL	LIAB		MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$											
15 MILES OR OVER		FARM	SERVICE	PIP	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$			\$	COLL										
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)										CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER											
INTEREST	RANK	NAME AND ADDRESS			REFERENCE *																		
X ADDITIONAL INSURED		American Honda Finance Corp.						AMERHO1		LOCATION		BUILDING											
X LOSS PAYEE										VEHICLE		1 BOAT											
MORTGAGES										SCHEDULED ITEM NUMBER:													
LIENHOLDER										OTHER													
EMPLOYEE AS LESSOR		200 Continental Dr. Suite 301 Newark DE 19713																					
GENERAL INFORMATION																							
EXPLAIN ALL "YES" RESPONSES										YES	NO	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				X							
1. WITH THE EXCEPTION OF ENCUMBRANCES ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?												B. ANY HOLD HARMLESS AGREEMENTS?				X							
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?												9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS				X							
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?												10. DOES THE APPLICANT OBTAIN MVR VERIFICATION?				X							
4. ARE ANY VEHICLES LEASED TO OTHERS?												11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?				X							
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?												12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?				X							
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?												13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?				X							
DESCRIPTION OF GARAGE/STORAGE LOCATIONS												MAXIMUM DOLLAR VALUE SUBJECT TO LOSS											
REMARKS																							
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate boxes) below and sign where applicable! DO NOT USE IN AR,AZ,CA,CT,DE,FL,GA,IA,IL,MD,NJ,NV,OK,OR,PA,RI,SC,WV: USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC,ME,MN,MO,VT,VA,WA,WI																							
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGE HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:										SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS.													
										SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR													
										REJECTING COVERAGE ENTIRELY.													
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. ACORD 127(2/95)										1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP						(APPLICANT'S SIGNATURE)							
										2. I REJECT UM BODILY INJURY COVERAGE						(APPLICANT'S SIGNATURE)							
										3. I REJECT UM BODILY INJURY COVERAGE						(APPLICANT'S SIGNATURE)							
										4. I REJECT UM PROPERTY DAMAGE COVERAGE						(APPLICANT'S SIGNATURE)							
										5. I REJECT UM PROPERTY DAMAGE COVERAGE						(APPLICANT'S SIGNATURE)							
										ATTACH TO APPLICANT INFORMATION SECTION													

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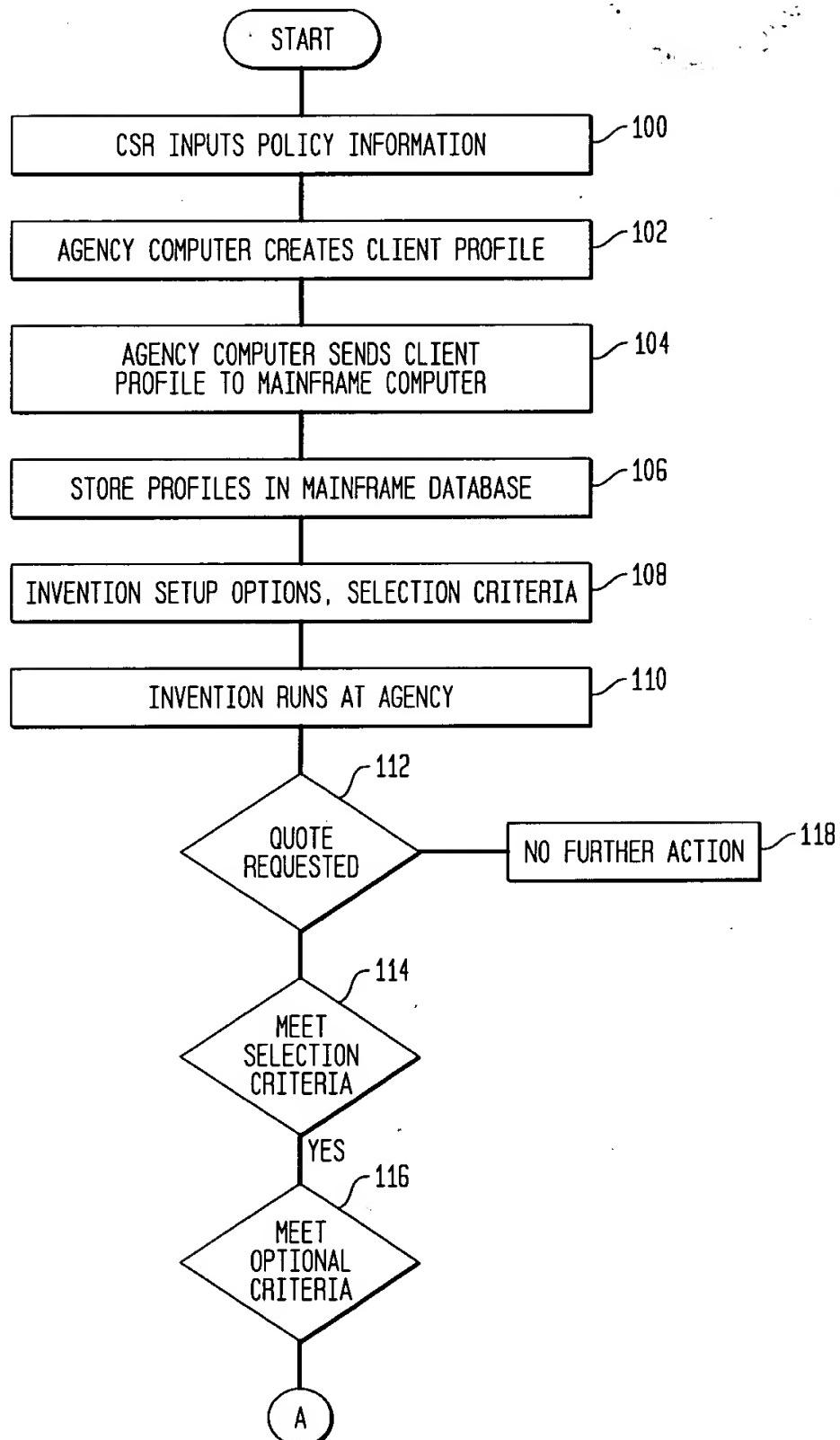
**FIG. 4C**  
(PRIOR ART)

VEHICLE DESCRIPTION (continued)										AUGRO-1 COST NEW							
VEH #	YEAR	MAKE	Isuzu			BODY TYPE					SYM/AGE	\$					
2	1996	MODEL	NRA			VIN. JALFA12XT3700658											
CITY, STATE, ZIP Ronkonkoma, NJ WHERE GARAGED										TERM	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGE		ADD'L PIP	UNDERINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L				
UNDER 15 MILES		PLEASURE	RETAIL	LIAB		MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$					
15 MILES OR OVER		FARM	SERVICE	PIP		UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$	COLL				
VEH #	YEAR	MAKE	Chevy			BODY TYPE					SYM/AGE	COST NEW					
3	1973	MODEL				VIN. CCE533V104317											
CITY, STATE, ZIP Ronkonkoma, NJ WHERE GARAGED										TERM	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGE		ADD'L PIP	UNDERINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L				
UNDER 15 MILES		PLEASURE	RETAIL	LIAB		MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$					
15 MILES OR OVER		FARM	SERVICE	PIP		UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$	COLL				
VEH #	YEAR	MAKE	BMW			BODY TYPE					SYM/AGE	COST NEW					
5	2000	MODEL	323CI			VIN. WBABM3346YJN85B45											
CITY, STATE, ZIP Clark, NJ WHERE GARAGED										TERM	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGE		ADD'L PIP	UNDERINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L				
UNDER 15 MILES		PLEASURE	RETAIL	LIAB		MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$					
15 MILES OR OVER		FARM	SERVICE	PIP		UNINS MOTOR	SPEC C OF L	FTW	COLL	\$		\$	COLL				
VEH #	YEAR	MAKE				BODY TYPE					SYM/AGE	COST NEW					
		MODEL				VIN.											
CITY, STATE, ZIP Clark, NJ WHERE GARAGED										TERM	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGE		ADD'L PIP	UNDERINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L				
UNDER 15 MILES		PLEASURE	RETAIL	LIAB		MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT						
15 MILES OR OVER		FARM	SERVICE	PIP		UNINS MOTOR	SPEC C OF L	FTW	COLL	\$			COLL				
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)										CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER					
INTEREST	RANK	NAME AND ADDRESS			REFERENCE #	American Honda Finance Corp.		AMERHO1		LOCATION	BUILDING						
X	ADDITIONAL INSURED									VEHICLE	1 BOAT						
X	LOSS PAYEE									SCHEDULED ITEM NUMBER:							
	MORTGAGES									OTHER							
	LIENHOLDER																
	EMPLOYEE AS LESSOR					200 Continental Dr. Suite 301 Newark DE 19713											
GENERAL INFORMATION																	
EXPLAIN ALL "YES" RESPONSES										YES	NO	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	X				
1. WITH THE EXCEPTION OF ENCUMBRANCES ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?											X	B. ANY HOLD HARMLESS AGREEMENTS?	X				
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?										X		9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS	X				
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?										X		10. DOES THE APPLICANT OBTAIN MVR VERIFICATION?	X				
4. ARE ANY VEHICLES LEASED TO OTHERS?										X		11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	X				
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?										X		12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	X				
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?										X		13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	X				
DESCRIPTION OF GARAGE/STORAGE LOCATIONS										MAXIMUM DOLLAR VALUE SUBJECT TO LOSS							
REMARKS																	
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable) DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI																	
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGE HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:										SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS. SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR REJECTING COVERAGE ENTIRELY.							
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. ACORD 127(2/95)										1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP 2. I REJECT UM BODILY INJURY COVERAGE 3. I REJECT UM BODILY INJURY COVERAGE 4. I REJECT UM PROPERTY DAMAGE COVERAGE 5. I REJECT UM PROPERTY DAMAGE COVERAGE ATTACH TO APPLICANT INFORMATION SECTION							
										(APPLICANT'S SIGNATURE) (APPLICANT'S SIGNATURE) (APPLICANT'S SIGNATURE) (APPLICANT'S SIGNATURE) (APPLICANT'S SIGNATURE)							

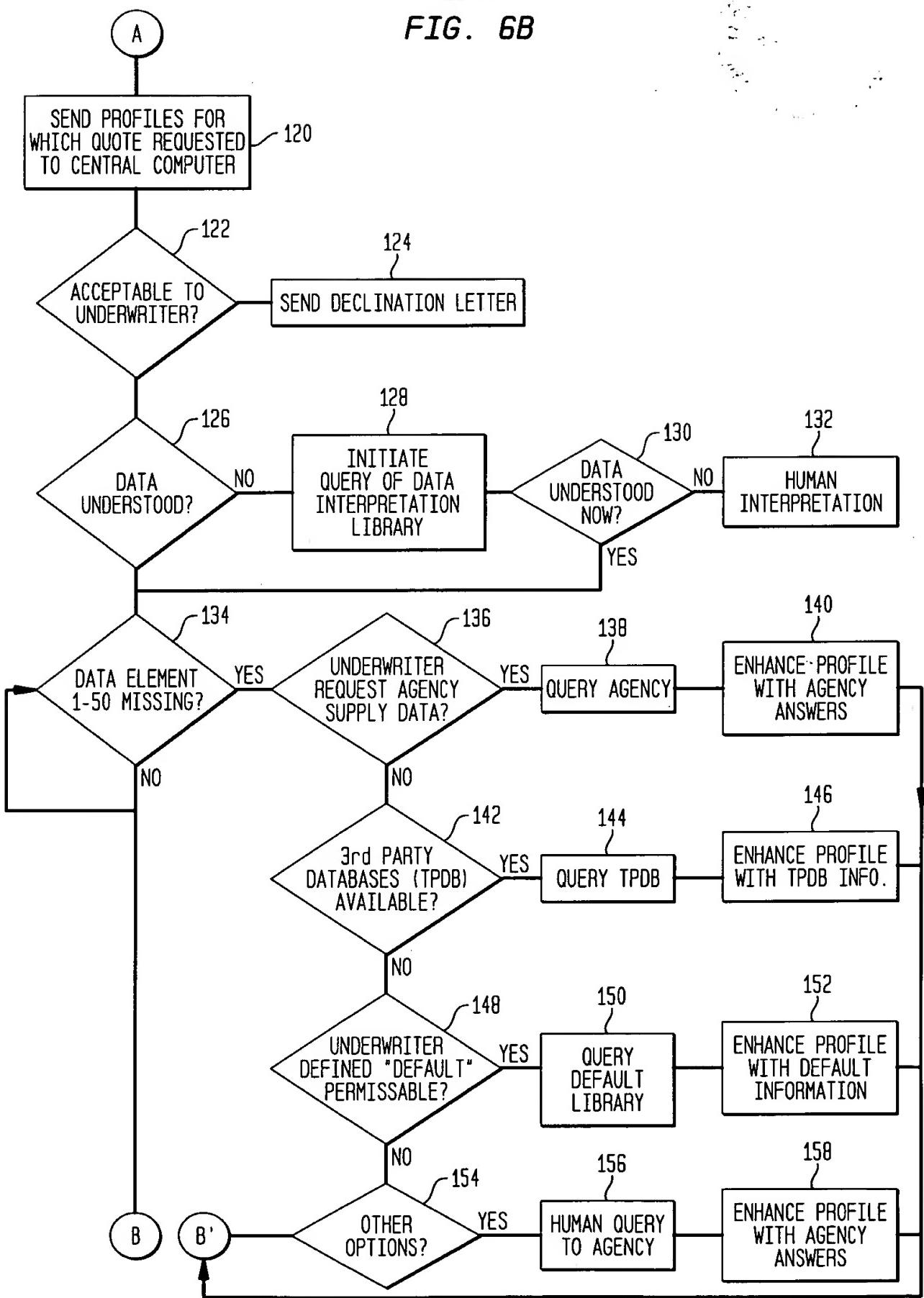
FIG. 5



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FIG. 6A



11/15  
FIG. 6B

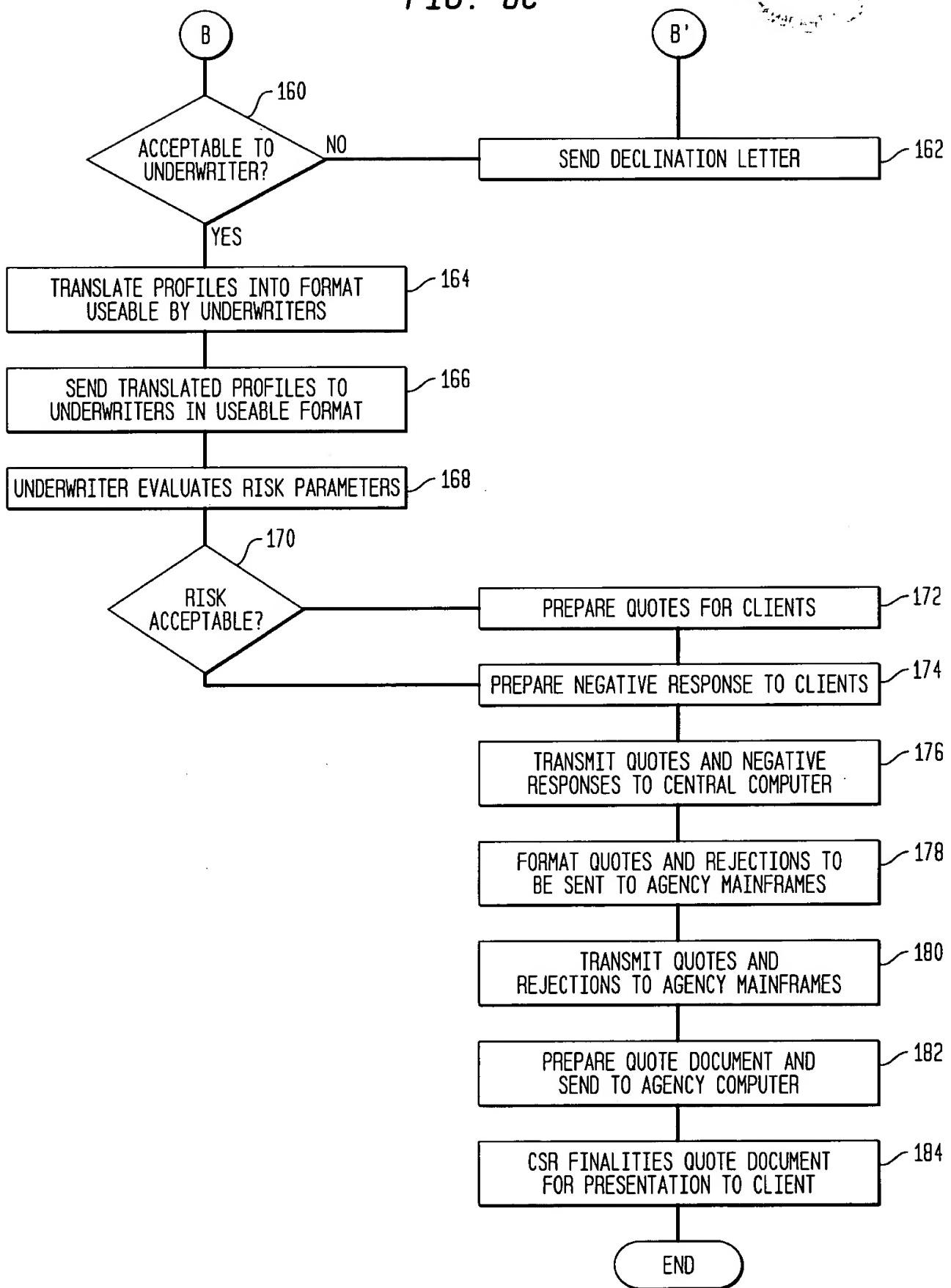


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*FIG. 6B-1*

111A 111B      111C      111D      111E 111F 111G  
SPC 098 - 052101 - TAM - WC - 1 . XML

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FIG. 6C



**FIG. 7**

264  
CARRIERS

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INSUREDs

AGENCIES

- 240 A
  - 240 B
  - 240 C
  - 240 D
  - 240 E
  - 240 F
  - 240 G
  - 240 H
  - 240 I
  - 240 J
  - 240 K
- 240 TAM
  - 240 AfW
  - 240 Sagitta
  - 240 AMS Prime
  - 240 DORIS
  - 240 Ebix CD1
  - 240 Ebix CD2

246

ENRICH  
TRANSLATE  
SCREEN

MANAGING GENL AGCY	
RATE	WC
	WC
	bop
	bop
	umb

248 250 252

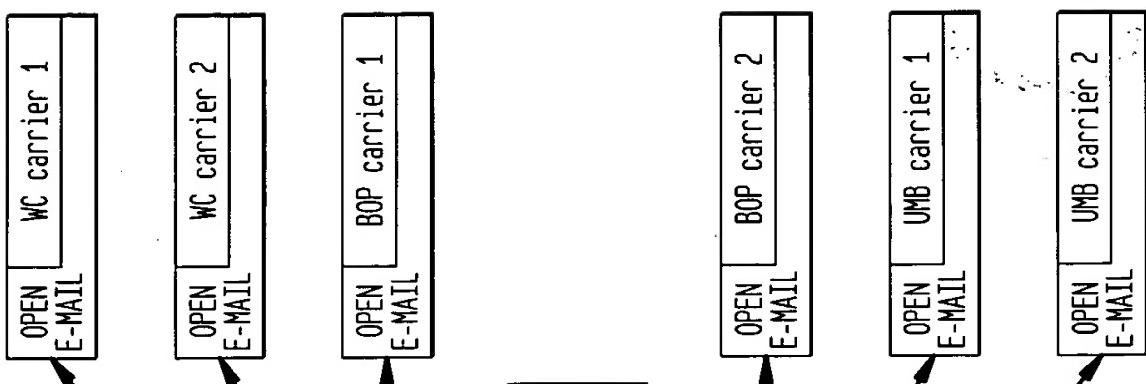


FIG. 8

